

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE rk Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/870,538 TRANSMITTAL Filing Date May 30, 2001 First Named Inventor **FORM** James K. Prueitt Art Unit 2143 Examiner Name J. E. Avellino (to be used for all correspondence after initial filing) Attorney Docket Number 8505 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name POLAROID CORPORATION Signature Printed name Gaetano D. Maccarone Date Reg. No. 25,173 February 23, 2006 **CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature Date February 23, 2006 Gaetano D. Maccarone Typed or printed name

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PTO/SB/17 (01-06)
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* TRADEMACH		Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 09/8		09/870,538)/870,538	
FEE TRANSMITTAL For FY 2006		Filing Date		May 30, 2001		
		First Named In	ventor	James K. Prueitt		
		Examiner Nam	niner Name Joseph E. Avellino		ino	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 2143				
TOTAL AMOUNT OF PAYMENT (\$) 500.0	00	Attorney Docke	et No.	8505		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 16-2195 Deposit Account Name: POLAROID CORPORATION						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s)						
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
information and authorization on PTO-2038.						
FEE CALCULATION (All the fees below are du	e upon fi	ing or may be	subjec	t to a surcharg	e.)	
1. BASIC FILING, SEARCH, AND EXAMINATIO	N FEES					
FILING FEES		CH FEES	EXAM	INATION FEES	3	
<u>Small Entity</u> <u>Application Type</u> <u>Fee (\$)</u> Fee (\$)	<u>Fee (\$</u>	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility 300 150	500	250	200			
Design 200 100	100	50	130	65		
Plant 200 100	300	150	160			
Reissue 300 150	500	250	600	300		
Provisional 200 100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity						
Fee Description Fee (\$)						
Each claim over 20 (including Reissues)		50 200	25 100			
Each independent claim over 3 (including Reis Multiple dependent claims			360	180		
Total Claims Extra Claims Fee (\$)	. Fee	Paid (\$)			Dependent Claims	
- 20 or HP = X	=	147		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 2						
Indep. Claims Extra Claims Fee (\$) <u>Fee</u> -	Paid (\$)			-	
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets						
100 = / 50 = (round up to a whole number) x =						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)						
Other (e.g., late filing surcharge): Filing a brief in support of an appeal 500.00						
Other (c.g., rate firmg suremarge). Filling a prier in support of an appeal						
SUBMITTED BY						

SUBMITTED BY					
Signature	Geron	Registration No. (Attorney/Agent) 25,173	Telephone 781-386-6405		
Name (Print/Type)	Gaetano D. Maccarone		Date February 23, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.